

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K07978

1. Entity Name

A-ABLE TRANSFER & STORAGE COMPANY OF PENSACOLA, ✓

FILED
Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90215 038 ***550.00

Principal Place of Business

% MARGARET R. SPARKS
3787 N. PALAFOX STREET
PENSACOLA FL 32505

Mailing Address

% MARGARET R. SPARKS
3787 N. PALAFOX STREET
PENSACOLA FL 32505

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2857684**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPARKS, MARGARET R.
5512 EMPIRE DRIVE
PENSACOLA FL 32505

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME WILSON, CATHERINE
STREET ADDRESS 14610 MULLE LANE
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME DEFOE, BRENDA
STREET ADDRESS 23002-A DIAMOND "W" ROAD
CITY-ST-ZIP ROBERTSDALE AL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME SPARKS, MARGARET
STREET ADDRESS 5513 EMPIRE DRIVE
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Margaret Sparks* MARGARET R. SPARKS 8/17/00 (850) 435-9758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)